

ATTORNEY'S DOCKET NO: PA1976US**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

"System and Method for High Resolution Videoconferencing"

the specification of which was filed on August 7, 2002, as United States Patent Application Number 10/214,976.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or (f) or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

<u>Number</u>	<u>Country</u>	<u>Foreign Filing Date</u>	<u>Priority Claimed?</u>		<u>Certified Copy Attached?</u>	
(Number)	(Country)	(MM/DD/YYYY)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Number)	(Country)	(MM/DD/YYYY)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Susan Yee
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Michael Kenoyer Citizenship: US

Inventor's signature: Michael Kenoyer Dated: Nov 11 '02
(Permanent ink only) (Date of Signature)

Residence Address: 4601 Candle Ridge Austin, TX 78731
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

Full name of second inventor: Craig Malloy Citizenship: _____

Inventor's signature: _____ Dated: _____
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

Full name of third inventor: Richard Washington Citizenship: _____

Inventor's signature: _____ Dated: _____
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

PA 1926US

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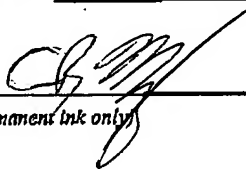
Full name of first inventor: Michael Kenoyer Citizenship: _____

Inventor's signature: _____ Dated: _____
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

Full name of second inventor: Craig Malloy Citizenship: US

Inventor's signature:  Dated: 11/11/02
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: 5000 Plaza on the Lake #100 Austin, TX 78746
(Same as Residence Address Unless an Additional Address is Provided)

Full name of third inventor: Richard Washington Citizenship: _____

Inventor's signature: _____ Dated: _____
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

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Full name of first inventor: Michael Kenoyer Citizenship: _____

Inventor's signature: _____ Dated: _____
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

Full name of second inventor: Craig Malloy Citizenship: _____

Inventor's signature: _____ Dated: _____
(Permanent ink only) (Date of Signature)

Residence Address: _____
(Apt Number if applicable, Residence Number, Street, City, Zip Code)

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

Full name of third inventor: Richard Washington Citizenship: U.S.A.

Inventor's signature: Richard Washington Dated: 11/10/02
(Permanent ink only) (Date of Signature)

Residence Address: 24912 Singleton Bend Rd Marble Falls TX
(Apt Number if applicable, Residence Number, Street, City, Zip Code) 78654

Mailing Address: _____
(Same as Residence Address Unless an Additional Address is Provided)

Full name of fourth inventor: Peter Chu

Citizenship: USA

Inventor's signature: Peter Chu

(Permanent ink only)

Dated: 10/29/02

(Date of Signature)

Residence Address: 7 Hadley Road, Lexington, MA 02420

(Apt Number if applicable) Residence Number, Street, City, Zip Code

Mailing Address: _____

(Same as Residence Address Unless an Additional Address is Provided)